

**HEALTH SERVICES
MENTORING PROGRAM JOURNAL**
(Prepared by the Protégé)

Please use this as a guide for making journal entries after each mentoring meeting and maintain as a reference for the mentoring program evaluations.

Protégé's Name: _____ **Mentor's Name:** _____

Date: _____ **Length of Meeting:** _____

Type of Activity: _____

Evaluation of Activity:

Notes:

Recommendations:

Date of Next Meeting: _____

Reviewed By: _____ **Date:** _____